

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Chest C <sup>2</sup>		10-12-01
O.I.P.E. CLASSIFIER	049		10/23/01
FORMALITY REVIEW	S/AT	1085	11-08-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	10-12-01
2	✓	✓	10-12-01
3	✓	✓	10-12-01
4	✓	✓	10-12-01
5	✓	✓	10-12-01
6	✓	✓	10-12-01
7	✓	✓	10-12-01
8	✓	✓	10-12-01
9	✓	✓	10-12-01
10	✓	✓	10-12-01
11	✓	✓	10-12-01
12	✓	✓	10-12-01
13	✓	=	10-12-01
14	✓	=	10-12-01
15	✓	✓	10-12-01
16	✓	✓	10-12-01
17	✓	✓	10-12-01
18	✓	✓	10-12-01
19	✓	✓	10-12-01
20	✓	✓	10-12-01
21	✓	✓	10-12-01
22	✓	✓	10-12-01
23	✓	✓	10-12-01
24	✓	✓	10-12-01
25	✓	✓	10-12-01
26	✓	✓	10-12-01
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

Best Available Copy